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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number | | | |
|--|---|---|--------------|---|------------------|----|--------------------|------------------------|------------------------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2). | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| FOR NUMBE | | | BER FILEO | NUME | ER EXTRA | | RATE | FEE | 1 : | DATE | | |
| BASIC FEE (37 CFR 1.16(a)) | | | • | | | 1 | 100,12 | , ree | 1 | RATE | FEE | |
| TOTAL CLAIMS | | | | | | | | - | OR | | 13/30 | |
| | FR 1.16(c)) PENDENT CLA | WE 2' | minus 20 = 1 | | | | X 8. == | | OR | X \$= | 18 | |
| | FR 1.16(b)) | | minus 3 = . | | | | X \$= | | ÖR | X \$= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) | | | | | | | + 5= | | OR- | +3: = | · | |
| * If the difference in column 1 is less than zero, enter *0* in column 2. | | | | | | | TOTAL . | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | SMALL I | ENTITY | OR | OTHER THAN SMALL ENTITY | | |
| NTA | 1/20/5 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL | . ` | RATE | ADDI- TIONAL | |
| ¥ | Total (37 CFR 1.15(c)) | . 9 | Minus | " n/ | = . | | | FEE | | ŀ | FEE | |
| žh | Independent (37 CFR 1.16(b)) | 1- | Minus | " < | = / | | × \$=. | <u> </u> | OR _. | X \$=. | | |
| AM. | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0)) | | | | | | X \$= | | OR | X \$= | <u> </u> | |
| | (37 CFR 1.18(a)) | | | | | l | + 5 = | | OR | +8· = | | |
| | | | | | | | TOTAL ADD'L FEE | | ,OR | ADD'L FEE | | |
| | | (Column 1) | | (Column 2) | (Cotumn 3) | ٠. | | | | | | |
| ENDMENT B | 2/2/4 | CLAIMS REMAINING 7 AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | . . | RATE . | AODI- TIONAL FEE | |
| ٩ | Total 37 CFR 1.16(cl) ndependent | . 10 | Minus | <u> </u> | ė , | | x s= | | OR | x s= | | |
| AME | 37 CFR 1.16(b)) | . , , | Minus | 3 | = | | X \$e | | OR | x s= | | |
| ۲ ۲ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(d)) | | | | | | | _ | · · OR | +; = | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| | | (Column 1) | | (Column 2) | | • | | • | | • | | |
| ENTC | | CLAIMS REMAINING AFTER AMENDMENT | | . HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| 51- | Total 17 CFR 1.15(c)) | • | Minus | | | Ŧ | x s = | | :- | | . 126 | |
| EN IS | dependent 7 CFR.1,18(b)) | • • • • | Minus | ••• | - | ŀ | X \$ = | | OR | X \$= | | |
| AME | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) | | | | | | | | OR . | × s= | | |
| | | | | | | | | | OR. | † \$ = | | |
| L I | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". | | | | | | | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. s collection of information is required by 37 CER 1.16 The light of the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.